

Fill in this information to identify the case:	
Debtor	WonderWork, Inc.
United States Bankruptcy Court for the:	Southern District
	District of NY (State)
Case number (If known)	16-13607 (MKV)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

- Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.
- List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address	Total claim	Priority amount
_____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		
2.2 Priority creditor's name and mailing address	\$ _____	\$ _____
_____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		
2.3 Priority creditor's name and mailing address	\$ _____	\$ _____
_____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		

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Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim _____ Priority amount _____

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (_____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (_____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (_____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (_____)

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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address Action Mailers 90 Commerce Drive Aston, PA 19014	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services rendered Date or dates debt was incurred Aug 2016 Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address Bill & Ann Ziff Foundation 350 Park Avenue, 4th Floor New York, NY 10022	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Date or dates debt was incurred May 2014 Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3 Nonpriority creditor's name and mailing address Brian Mullaney 1 Sumner Lane Belmont, MA 02478	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 2016 Salary/2016 Bonus/Unreimbursed Expenses Date or dates debt was incurred 2016 Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4 Nonpriority creditor's name and mailing address CDR Fundraising Group 16900 Science Drive, Suite 210 Bowie, MD 20715	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services rendered Date or dates debt was incurred Oct. 2016 Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5 Nonpriority creditor's name and mailing address CENVEO Commercial Env. Products PO Box 802035, Chicago, IL 60680-2035	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services rendered Date or dates debt was incurred Oct. 2016 Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address Color Tree Group 8000 Villa Park Drive Henrico, VA 23228-6500	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services rendered Date or dates debt was incurred Sept. 2016 Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address Communications Corporation of America 13195 Freedom Way Boston, VA 22713	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 6305.63
Date or dates debt was incurred Nov. 2016	Basis for the claim: Services rendered	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address Copilevitz & Canter, LLC 310 West 20th St., Suite 300 Kansas City, MO 64108	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1140.93
Date or dates debt was incurred Dec. 2016	Basis for the claim: Services rendered	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address Corporate Press, Inc. 9700 Philadelphia Court Lanham, MD 20706	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,078.69
Date or dates debt was incurred Nov. 2016	Basis for the claim: Services rendered	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address Dettor Family Foundation 11519 Aerie Lane Naples, FL 34120	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 106,833.33
Date or dates debt was incurred Aug. 2013	Basis for the claim: Loan	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address Development Resources, Inc. 1820 N. Fort Meyer Drive, Suite 702 Arlington, VA 22209	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,000
Date or dates debt was incurred Nov. 2016	Basis for the claim: Services rendered	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Nonpriority creditor's name and mailing address	Amount of claim
3. <u>Direct Mail Processors, Inc.</u> <u>1150 Conrad Ct.</u> <u>Hagerstown, MD 21740</u>	<u>As of the petition filing date, the claim is:</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed <u>\$ 11,200.96</u>
	<u>Basis for the claim:</u> <u>Services rendered</u>
Date or dates debt was incurred <u>Sept. 2016</u>	
Last 4 digits of account number _____	
3. <u>DMI Data Management, Inc.</u> <u>PO Box 846</u> <u>Stoneville, NC 27048</u>	<u>As of the petition filing date, the claim is:</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>\$ 4997.49</u>
	<u>Basis for the claim:</u> <u>Services rendered</u>
Date or dates debt was incurred <u>Dec. 2016</u>	
Last 4 digits of account number _____	
3. <u>Hana Fuchs</u> <u>60 Riverside Drive, Apt. 7F</u> <u>New York, NY 10024</u>	<u>As of the petition filing date, the claim is:</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>\$ 8881.02</u>
	<u>Basis for the claim:</u> <u>Unreimbursed expenses</u>
Date or dates debt was incurred <u>2016</u>	
Last 4 digits of account number _____	
3. <u>HelpMeSee, Inc.</u> <u>20 West 36th St., Fl. 4</u> <u>New York, NY 10018</u>	<u>As of the petition filing date, the claim is:</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <u>\$ 16,059,833.50</u>
	<u>Basis for the claim:</u> <u>Loan</u>
Date or dates debt was incurred <u>2016</u>	
Last 4 digits of account number _____	
3. <u>IDMI</u> <u>490 White Pond Drive</u> <u>Akron, OH 44320</u>	<u>As of the petition filing date, the claim is:</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>\$ 1628.52</u>
	<u>Basis for the claim:</u> <u>Services rendered</u>
Date or dates debt was incurred <u>Oct. 2016</u>	
Last 4 digits of account number _____	

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Amount of claim

3. <input type="checkbox"/> Nonpriority creditor's name and mailing address <u>Joseph Mullaney</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>110,750.00</u>
512 River Road Westport, MA 02790	Basis for the claim: <u>Loan</u>	
Date or dates debt was incurred <u>Aug. 2013</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address <u>Kaplan Kravet & Vogel P.C.</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>8259.03</u>
630 Third Avenue, 5th Floor New York, NY 10017	Basis for the claim: <u>Services rendered</u>	
Date or dates debt was incurred <u>Dec. 2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address <u>Koala Design</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>8,500.00</u>
Attn: Mike Schell 1606 NE 1st St. Fort Lauderdale, FL 33301	Basis for the claim: <u>Services rendered</u>	
Date or dates debt was incurred <u>Dec. 2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address <u>L&E Meridian</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>1359.48</u>
8000 Corporate Court Springfield, VA 22153	Basis for the claim: <u>Services</u>	
Date or dates debt was incurred <u>Oct. 2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address <u>Log-On</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>48,538.28</u>
520 Eighth Avenue, 14 Fl. New York, NY 10018	Basis for the claim: <u>Services rendered</u>	
Date or dates debt was incurred <u>Sept. 2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		

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Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<input type="checkbox"/> 3. Nonpriority creditor's name and mailing address <u>MDI Imaging and Mail</u> <hr/> <u>21955 Cascades Parkway</u> <u>Dulles, VA 20166</u>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Services rendered</u></p> <p>Date or dates debt was incurred <u>Oct. 2016</u> Last 4 digits of account number <u>_____</u></p>	<u>\$ 4657.64</u>
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<input type="checkbox"/> 3. Nonpriority creditor's name and mailing address <u>Meadowlark Foundation</u> <hr/> <u>PO Box 860</u> <u>Saratoga Springs, NY 12866</u>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Date or dates debt was incurred <u>Jan. 2014</u> Last 4 digits of account number <u>_____</u></p>	<u>\$ 524,833.33</u>
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<input type="checkbox"/> 3. Nonpriority creditor's name and mailing address <u>Nestle Pure Life Direct</u> <hr/> <u>PO Box 856192</u> <u>Louisville, KY 40285</u>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Office supplies</u></p> <p>Date or dates debt was incurred <u>Dec. 2016</u> Last 4 digits of account number <u>_____</u></p>	<u>\$ 22.33</u>
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<input type="checkbox"/> 3. Nonpriority creditor's name and mailing address <u>Nextiva</u> <hr/> <u>8800 E Chaparral Rd. Ste 300</u> <u>Scottsdale, AZ 85250</u>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Utilities</u></p> <p>Date or dates debt was incurred <u>Nov. 2016</u> Last 4 digits of account number <u>_____</u></p>	<u>\$ 527.56</u>
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<input type="checkbox"/> 3. Nonpriority creditor's name and mailing address <u>Resource One</u> <hr/> <u>2900 E. Apache</u> <u>Tulsa, OK 74116</u>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services rendered</u></p> <p>Date or dates debt was incurred <u>Nov. 2016</u> Last 4 digits of account number <u>_____</u></p>	<u>\$ 2165.80</u>
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <input type="checkbox"/> Nonpriority creditor's name and mailing address Skyline Credit Ride, Inc. 52-29 35th St. Long Island City, NY 11101	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 43.05
Basis for the claim: Services rendered		
Date or dates debt was incurred 2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address The Holewinski Group 253 Rainbow Drive #15398 Livingston, TX 77399	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 120.00
Basis for the claim: Services rendered		
Date or dates debt was incurred Nov. 2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address The Raphael & Diana Vinoly Foundation 350 Fifth Avenue, 41 Fl. New York, NY 10118	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 60,083.33
Basis for the claim: Loan		
Date or dates debt was incurred Sept. 2013	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address Thompson Family Foundation c/o Kevin Maclay One Thomas Circle, NW, Ste. 1100, Washington, DC 20005	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,979,166.67
Basis for the claim: Loan		
Date or dates debt was incurred May 2013	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address Tri-State Envelope Corp. PO Box 433 Beltville, MD 20704	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2841.32
Basis for the claim: Services rendered		
Date or dates debt was incurred Nov. 2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		

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Amount of claim

3. Nonpriority creditor's name and mailing address Union ID and Mail	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 3171.06
8516 Rainswood Drive Landover, MD 20785	Basis for the claim: Services rendered	
Date or dates debt was incurred Nov. 2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address Valtim Marketing Solutions	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1967.73
PO Box 809 Forest, VA 24551	Basis for the claim: Services rendered	
Date or dates debt was incurred Oct. 2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address Wells Fargo Financial Leasing	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 452.50
PO Box 10306 Des Moines, IA 50306	Basis for the claim: Copier Lease	
Date or dates debt was incurred Dec. 2013	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address XPO Logistics	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 76.32
PO Box 2693 New York, NY 10108	Basis for the claim: Services rendered	
Date or dates debt was incurred Nov. 2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Basis for the claim: _____		
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		

Debtor	WonderWork, Inc. Name _____	Case number (if known) <u>16-13607 (MKV)</u>
Part 3: List Others to Be Notified About Unsecured Claims		
4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.		
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.		
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?
		Last 4 digits of account number, if any
4.1.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.2.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.3.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.4.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.5.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.6.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.7.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.8.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.9.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.10.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____
4.11.	_____	Line _____ <input type="checkbox"/> Not listed. Explain _____

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Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Debtor

WonderWork, Inc.

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Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>0</u>
5b. Total claims from Part 2	5b. + \$ <u>26,556,513.06</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <u>\$ 26,556,513.06</u>